



South Carolina
Department of Insurance

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223

Mailing Address:
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MARK SANFORD
Governor
ELEANOR KITZMAN
Director of Insurance

CERTIFICATION OF COMPLETION OF PRELICENSING EDUCATION REQUIREMENTS

Name of Applicant: _____
Last First M.I. Jr., Sr.

Social Security Number: _____

SECTION I. COMPLETION OF PRELICENSING EDUCATION COURSE:

This is to certify that the above applicant has completed the hours of study required by the State for Prelicensing Insurance Education. The completed course is: (check appropriate space below):

- _____ 1. 40 hours Approved Classroom Course
_____ 2. 40 hours Approved Supervised Correspondence Course
_____ 3. 12 hours Broker Classroom Course

Line(s) of Insurance: _____ Life, Accident & Health _____ Life _____ Accident & Health
_____ Property, Casualty, Surety & Marine _____ Property _____ Casualty
_____ Surety _____ Marine

School or Sponsoring Entity: _____

Course Name: _____ Edition: _____

South Carolina Course Approval Number: _____

Date Course Completed: _____

Signature of Instructor or Other Official

Name and Title (Typed or Printed)

SECTION II. WORK EXPERIENCE ALTERNATIVE (not applicable for Brokers):

This will certify that the above applicant has within the past two years been employed by me, or my firm, for no less than one year in insurance marketing or underwriting for the lines of:

(Life, Accident and Health or Property, Casualty, & Other)

Description of duties performed: _____

Signature of Employer

Sworn to and before me this

NAME: _____

_____ Day of _____, ____ (Year)

ADDRESS: _____

Notary Public

TITLE: _____

Commission Expires: _____

This form must be submitted by the applicant along with the required paperwork.